

Please Mail To:
Military Family Relief Fund
Department of Military & Veterans Affairs
P.O. Box 30261
Lansing, MI 48909-7761

MICHIGAN MILITARY FAMILY RELIEF FUND APPLICATION

MILITARY MEMBER'S INFORMATION

NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME PHONE: _____

BRANCH: _____ RANK: _____ SOCIAL SECURITY NO (SSN): _____

HOME STATION UNIT OF ASSIGNMENT: _____

IS MEMBER MARRIED: _____ IF NO, DOES MEMBER HAVE A FAMILY MEMBER IN DEERS? _____

* **NOTE:** (YOU MUST BE MARRIED OR HAVE DEPENDENTS LISTED IN DEERS TO QUALIFY)

APPLICANT'S INFORMATION (IF OTHER THAN MILITARY MEMBER)

NAME: _____ SSN: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____ RELATIONSHIP TO MILITARY MEMBER: _____

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION

NAME: _____

POSITION/TITLE: _____ PHONE NUMBER: _____

NEED BASED GRANT -- UP TO \$2,000

TOTAL AMOUNT REQUESTED: \$ _____

Please attach the following items to your application:

- Attach a copy of orders issued by authorized headquarters (over 30 days directly related to response to the attacks (currently referred to as Operation Noble Eagle/Enduring Freedom)
?
- Attach pay records or statement showing duty actually performed
?
- Attach copies of payroll records indicating monthly civilian and military salary
?
- Attach copies of bills/invoices/estimates/notices for expenses
?

Please Note: Incomplete applications will be returned to the applicant

1. Military member's monthly civilian salary (attach copy of paystub): \$ _____
2. Military member's monthly military salary, including BAH (attach copy of paystub): \$ _____
3. Is military salary at least 10% less than civilian salary? YES NO

EXPENSE	AMOUNT	DESCRIBE ATTACHMENT(S)
Food/clothing:	\$ _____	_____
Rent/mortgage:	\$ _____	_____
Utilities:	\$ _____	_____
Medical services/prescriptions:	\$ _____	_____
Insurance:	\$ _____	_____
Vehicle payments:	\$ _____	_____

SIGNATURE OF APPLICANT

DATE

I certify the above information to be true and correct. I authorize verification/release of the information I am providing on this application. I authorize the State of Michigan and the Michigan Department of Military & Veterans Affairs access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my application. Disclosure of information on this form, including social security numbers, is voluntary. Failure to provide the requested information, however, will prohibit the processing of this grant application. In accordance with applicable laws, the State of Michigan and the Michigan Department of Military & Veterans Affairs will maintain confidentiality regarding the application and any grant given or denied, except as required to process this or subsequent applications, or as otherwise required by law.

Authority: 2004 PA 363 & 364 Compliance: Voluntary, but a grant will not be approved unless complete form is submitted.
